MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05522

5515

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Charles — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Connie	Jean	Bowles	June	17	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	S.	June 15, 1955	yrs.		2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Infant	—	Md.	U.S

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lewis Bowles	Shirley Ann Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Lewis Bowles, Pisgah, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

774X

Immediate cause (a) Respiratory failure — Interval between onset and death: 6 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Prematurity — 2 days.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 19 55, to 17 June 19 55, that I last saw the deceased alive on 16 June, 19 55, and that death occurred at 1 ± 9 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J. M. Johnson	M.D.	La Plata	17 June 55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-18-55	Halks	Pocahontas Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/17/55	Julia H Posey	Calvert Funeral Home	La Plata, Md.

2165193362

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05523

5516

CERTIFICATE OF DEATH

Reg. Dist. No. 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Waldorf
LENGTH OF STAY (in this place) 30 yrs 4 mos 5 ds
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Diggs

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 22 86

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Hilton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Coleman

14. MOTHER'S MAIDEN NAME: Janie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Edith Stringer Waldorf Md Charles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443 X

Immediate cause (a) Acute Myocarditis — Interval between onset and death: 4 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Heart Disease — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Had Cerebral Hemorrhage 3 yrs ago.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/28, 19 55, to 6/1, 19 55, that I last saw the deceased alive on 5/31, 19 55, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ernest G. Dunsmore M.D. Indian Head Md 6-1-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-4-55

NAME OF CEMETERY OR CREMATORY Mt. Hope Baptist

LOCATION (City, town, or county) (State) Nanjemoy Md.

DATE REC'D BY LOCAL REG. 6-1-55

REGISTRAR'S SIGNATURE Mary M. Sweitzland

24. FUNERAL DIRECTOR Lawrence Montgomery ADDRESS 913 Florida Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5517

CERTIFICATE OF DEATH

Reg. Dist. No. 05524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Charles Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Poper Creek.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: md. COUNTY: Charles Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Poper Creek. md. X
STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Paul (Last) DRINKS

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: April 7 1879

9. AGE last birthday: 76 yrs.

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Drinks

14. MOTHER'S MAIDEN NAME: Anna C Bingler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): O

16. SOCIAL SECURITY NO.: 212-18-5611A

17. INFORMANT & ADDRESS: Lester Drinks. Poper Creek md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1 **Immediate cause** (a) Coronary occlusion. — Interval between onset and death: 3 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary artery disease. — 3 mos.

DUE TO

(c) Senile, osteosclerosis. — 4 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 19 45, to June, 1955, that I last saw the deceased alive on 15 June, 1955, and that death occurred at 3:15 A.M. EST, from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 15 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. — DATE THEREOF June 17 1955 — NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery — LOCATION (City, town, or county) (State): Wayside md.

DATE REC'D BY LOCAL REG. 6/16/55 — REGISTRAR'S SIGNATURE: Julia A Posey

24. FUNERAL DIRECTOR ADDRESS: Arhart Funeral Home Inc Laplata md.

MARYLAND STATE DEPARTMENT OF HEALTH

05525

5518

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Popes Creek — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Charles — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cobb Island — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) F. (Last) Hess

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-15-93

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: Gottlob Hess

14. MOTHER'S MAIDEN NAME: Frederika Werding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Theodore Hess

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 6-16-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: C. Fidelen (Degree or title) MD — ADDRESS: Leonardtown Md — DATE SIGNED: 6-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 18 55 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Seatland Md.

DATE REC'D BY LOCAL REG. 6/17/55 — REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS: Richard Funeral Home Laplata md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05526

5519

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY CHARLES MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head LAPLATA

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Charles

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 4 H Indian Head

STREET ADDRESS (If rural, give location) 4 Haines Street

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
	Marion		Howard	June 22, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 4 1907	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Postmaster Clerk (Ret)	U.S. Govt	Kentucky	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Howard	Nancy B. Stull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		400-01-4156	Ida Howard # 4 Haines St Indian Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
491X Immediate cause	(a) Pneumonia Broncho	Three Days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Bronchitis	Indefinite
DUE TO		
	(c) Chronic Emphysema	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-19-55, 19....., to 6-22-55, 19....., that I last saw the deceased alive on 6-22-55, 19....., and that death occurred at 12-22 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James E Anderson M.D. 6-22-55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-25-55	Pisgah Methodist	Pisgah, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/23/55	Julia H Carey	Hoott & Ryon	Waldorf, Md

VS. A15 8-51

5520

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05527

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Benedict
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Services Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mont — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS 4607 High St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ANTHONY (Last) KVEDAR — Nee → KVEDARAVICIUS
4. DATE OF DEATH: (Month) 6 (Day) 1 (Year) 1955

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4-7-14 | 9. AGE last birthday 41 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Services Station Owner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maine
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anthony F. Kvedar
14. MOTHER'S MAIDEN NAME Ela Ruksenas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes | (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Helen Kvedar Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause (b) Arteriosclerosis

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH 6-1-55

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
6-2-55

BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 6/4/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town or county) Prince Georges (State) Md

DATE RECD BY LOCAL REG 6/2/55 | REGISTRAR'S SIGNATURE Julia H. Posey | 21. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Walkersville Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05528

CERTIFICATE OF DEATH

5521

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laplata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ky. COUNTY Owen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location) 55 X 3

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MOORE

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 6-20-55

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours 1 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Dixie Yancy Moore

14. MOTHER'S MAIDEN NAME: Mildred Louise Greene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Dixie Moore, 18 E. Odenton, Ky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
776X
Immediate cause (a) DUE TO Prematurity + Sucks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Jaundice
(c)

INTERVAL BETWEEN ONSET AND DEATH: 6-20-55

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1955, to 6-20, 1955, that I last saw the deceased alive on 6-20, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED 6-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF June 24 1955
NAME OF CEMETERY OR CREMATORY Mt. Rest Cemetery
LOCATION (City, town, or county) Laplata (State) Md.

DATE REC'D BY LOCAL REG. 6/21/55
REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Orchard Funeral Home Inc. ADDRESS Laplata Md.

206524/210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [15529]

5522

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X LaPlata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Malcom X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) B (Last) MOORE

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 5, 1888

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Bill Moore

14. MOTHER'S MAIDEN NAME: Nora Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eddie Mansfield, Malcom, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X
Immediate cause (a) Cerebral Vascular accident. — Interval between onset and death: 2 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Senile Arteriosclerosis — years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE — (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1955, to 21 June, 1955, that I last saw the deceased alive on 21 June, 1955, and that death occurred at 10:10 P.S.T. p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Sowodny MD LaPlata, Md. 22 June '55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-24-55

NAME OF CEMETERY OR CREMATORY St Peter's

LOCATION (City, town, or county) (State) Waldorf, Md

DATE REC'D BY LOCAL REG. 6/23/55

REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR ADDRESS Hewitt & Ryon funeral homes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5523

CERTIFICATE OF DEATH

05530

Reg. Dist. No. 106

(see birth cert.)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CHARLES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac Heights
LENGTH OF STAY (In this place) 3 yrs. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Cypress Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA Maryland — COUNTY Charles Cabell
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntington Indian Head
STREET ADDRESS (If rural, give location) 2922 Winters Road 22 Cypres Place

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Stephen	Robert	NIELSEN		June	9	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Caucasian	Infant	May 23, 1955	yrs.		16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Navy	Government	USNH, Bethesda, Maryland	U.S.

13. FATHER'S NAME: Robert Einar NIELSEN

14. MOTHER'S MAIDEN NAME: Katherine Ann NASH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			J.S. LENZNER, Infirmary, NPF, Indian Head, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Meningitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from D.O.A., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J.S. LENZNER, LTJG MC USNR	NPF Indian Head, Md.	9 June 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 11, 1955	Springfield	Huntington, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/9/55	Oday Price	Steele Funeral Home	Huntington, W. Va.

2.55 1.16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05531

5524

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Waldorf (rural)
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) OSCAR (Last) PROCTOR

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT: 10 1905

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Tavern owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James A. Proctor

14. MOTHER'S MAIDEN NAME: Mary Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elizabeth Proctor, Waldorf, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 181X
(a) Uremia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of the bladder
DUE TO
(c)

Interval Between Onset And Death: 1 year ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: About Oct 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of bladder, hydronephrosis, hydroureter
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1954, to ..... ,1955, that I last saw the deceased alive on June, 1955, and that death occurred at 7-17-55, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul B. Bender M.D. 1150 Conn. Ave, N.W. Wash. 6, D.C.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-22-55
NAME OF CEMETERY OR CREMATORY: St. Peters
LOCATION (City, town, or county) (State): Waldorf, Md.

DATE REC'D BY LOCAL REGISTRAR: 6-24-55
REGISTRAR'S SIGNATURE: M. L. Monroe
24. FUNERAL DIRECTOR: Huntt & Ryon Funeral Home — ADDRESS: Waldorf, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05532

5525

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X LA PLATA — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY CHARLES

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Linda Lee (Middle) (Last) SPALDING

4. DATE OF DEATH: (Month) JUNE (Day) 9 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE-U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: Aug 9 1948

9. AGE last birthday: 6 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: CHILD

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Spalding

14. MOTHER'S MAIDEN NAME: Irene Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Charles Spalding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
510.1 Immediate cause	(a) STATUS THYMICO-LYMPHATICUS	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) TONSILLO-ADENOIDECTOMY DUE TO	10 HOURS
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: JUNE 9, 1955 — **19b. MAJOR FINDINGS OF OPERATION:** MARKED ENLARGEMENT OF ALL TONSILLAR TISSUE — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 9, 1955, to JUNE 9, 1955, that I last saw the deceased alive on JUNE 9, 1955, and that death occurred at 7:00 p.m. EST, from the causes and on the date stated above.

SIGNATURE John H. Griffen (DEGREE OR TITLE) M.D. ADDRESS HUGHESVILLE, MARYLAND DATE SIGNED 6/10/55

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF June 13 1955 — NAME OF CEMETERY OR CREMATORY Sacred Heart Saplata — LOCATION (City, town, or county) Maryland Charles Co (State)

DATE RECD BY LOCAL REG. 6/11/55 — REGISTRAR'S SIGNATURE Julia A Casey

24. FUNERAL DIRECTOR Orchart Funeral Home — ADDRESS Saplata Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05533

5526

CERTIFICATE OF DEATH

Reg. Dist. No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY CHARLES — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X MARBURY

LENGTH OF STAY (in this place) 13 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE VA. COUNTY MONTGOMERY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BLACKSBURG 08X 1

STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
JOHN F. WALL	June 1 1955	M	W	WIDOWED	NOV. 13 1869	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		VA.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
PARIS WALL	JOSEPHINE KEISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NONE	JOHN WALL INDIAN HEAD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia Org.	7
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriolsclerotic Heart Disease	10 yrs
	DUE TO (c)	1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Frank A. Pearson M.D. (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	6-2-55		BLAKSBURG, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-1-55	Mrs. Mary Sutherland	HUNTT & RYON FUNERAL HOME,	WALDORF, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05534

5527

CERTIFICATE OF DEATH

Reg. Dist. No. 100

Item 9, Film 6183 6-27-55 et

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physician's Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Victoria
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) B. (Last) Weston

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	July 23, 1872	82 18/3 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Kansas City, Mo.	U.S.A.

13. FATHER'S NAME: William Weston

14. MOTHER'S MAIDEN NAME: Emma M. Badger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	578-03-3429	Foster Reeder, Mt. Victoria, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1547

Immediate cause (a) Cancer of Rectum — DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2-8-55

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-55, to 6-11, 1955, that I last saw the deceased alive on 6-11, 1955, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS La Plata Md. DATE SIGNED 6-12-55

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 14, 1955	Christ Church Cemetery	Hayside Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/55	Julia A. Casey	Arehart Funeral Home, Inc.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

05535

5528

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phy Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01.4
STREET ADDRESS (If rural, give location) 832-N. Lugern

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Albert (Last) Willen
4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 55
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: April 17 1905
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Luther Willen
14. MOTHER'S MAIDEN NAME: Lelia M Purcell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-05-7898
17. INFORMANT AND ADDRESS: Lelia M Purcell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 6-17-55

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. Medlen MD — La Plata Md — 6-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 21, 55 — NAME OF CEMETERY OR CREMATORY Henderson — LOCATION (City, town, or county) (State) Hyacinth Va

DATE REC'D BY LOCAL REG. 6/18/55 — REGISTRAR'S SIGNATURE Julia D Wasey

24. FUNERAL DIRECTOR — ADDRESS — Calvert Funeral Home La Plata Md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

5529

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05536

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Morgantown Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 03-52-2
STREET ADDRESS (If rural, give location) 69 Winters Lane

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Eugene (Last) Wright
4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 27, 1926
9. AGE last birthday 28 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lancaster Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Carl Ryan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH: 6-22-55
9298
Immediate cause (a) Drowning
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fell from Potomac R. bridge while fishing — 6-22-55

19a. DATE OF OPERATION 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office, mine, etc.) OF INJURY Potomac River — (CITY OR TOWN) Potomac River Bridge — (COUNTY) Charles — (STATE) Md
TIME OF INJURY (Month) 6 (Day) 22 (Year) 55 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? Fell from bridge as result of fishing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*
SIGNATURE R. Mahlon (Degree or title) MD — ADDRESS La Plata Md — DATE SIGNED 6-26-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 29, 55 — NAME OF CEMETERY OR CREMATORY U.S. National — LOCATION (City, town, or county) Baltimore — (State) Md
DATE REC'D BY LOCAL REG. 6/27/55 — REGISTRAR'S SIGNATURE Julia H Coney — 24. FUNERAL DIRECTOR Richard Funeral Home Inc — ADDRESS Laplata Md.

VS. A15A